

STATEMENT

DATE	DESCRIPTION	CHARGES	PAYMENTS/ ADJUSTMENTS	INSURANCE BALANCE	PATIENT BALANCE
02/13/18	VISIT # [REDACTED] PATIENT: SARAH WITTER Provider: WILLIAM LIGHTHART, MD Date of Service: 02/13/2018 ROOM-BOARD/SEMI PHARMACY DRUGS/OTHER 86900 LABORATORY 73564 DX X-RAY 73700 CT SCAN 96374 EMERG ROOM 29515 PRO FEE 99284 PRO FEE/ER 99233 PRO FEE/HOS VIS	2242.00 10.05 689.95 457.80 440.00 1970.00 1537.00 182.00 326.00 331.00			
02/14/18	ROOM-BOARD/SEMI PHARMACY DRUGS/OTHER 93005 EKG/ECG 93010 PRO FEE/EKG	2242.00 52.93 212.46 262.00 142.00			
02/15/18	ROOM-BOARD/SEMI PHARMACY DRUGS/OTHER NON-STER SUPPLY STERILE SUPPLY SUPPLY/IMPLANTS 73610 DX X-RAY OR SERVICES ANESTHESIA RECOVERY ROOM 64445 TREATMENT RM	2242.00 420.21 158.15 830.00 107.07 9706.23 389.00 12992.00 1853.00 1163.00 1624.00			

PATIENT BALANCE 7795.79

MESSAGES:

WE SENT A CLAIM TO YOUR INSURANCE COMPANY AND SHOW THE BALANCE ABOVE AS YOUR RESPONSIBILITY. PLEASE CALL (866) 460-8277 TO DEVELOP AN AGREED UPON PAYMENT PLAN. THANK YOU FOR CHOOSING RUTLAND REGIONAL MEDICAL CENTER.

PAY YOUR BILL ONLINE, PLEASE VISIT: WWW.RRMC.ORG/PATIENT-VISITORS/PAYING-YOUR-BILL/

VISIT # [REDACTED] PAY THIS AMOUNT 7795.79

PLEASE DETACH AND RETURN BOTTOM PORTION WITH YOUR PAYMENT



160 ALLEN STREET
RUTLAND, VT 05701

TEMP-RETURN SERVICE REQUESTED

FOR BILLING INQUIRIES:

PHONE: 866-460-8277

EMAIL: patientaccounts@rrmc.org

☐ Please check box if address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

STATEMENT NUMBER: [REDACTED]

PAGE: 1 of 2

In the interest of your privacy, to pay by credit/debit card you may pay online at WWW.RRMC.ORG or by calling 866-460-8277. Thank you.

DUE DATE	PAY THIS AMOUNT	VISIT #
04/27/2018	7795.79	[REDACTED]
SHOW AMOUNT PAID HERE \$		

626864 (PC2)

ADDRESSEE:

SARAH S WITTER

REMIT TO:

RUTLAND REGIONAL MEDICAL CENTER
PO BOX 1311
WILLISTON, VT 05495-1311

STATEMENT

DATE	DESCRIPTION	CHARGES	PAYMENTS/ ADJUSTMENTS	INSURANCE BALANCE	PATIENT BALANCE
02/16/18	27828 PRO FEE	4631.00			
	PHARMACY	10.70			
	DRUGS/OTHER	64.87			
	NON-STER SUPPLY	592.00			
	97161 PHYS THERP/EVAL	217.00			
	97165 OCCUP THERP/EVAL	305.00			
	Payments and Adjustments		-40613.63		
	VISIT TOTAL	48409.42	-40613.63	0.00	7795.79

PATIENT BALANCE 7795.79

MESSAGES:

WE SENT A CLAIM TO YOUR INSURANCE COMPANY AND SHOW THE BALANCE ABOVE AS YOUR RESPONSIBILITY. PLEASE CALL (866) 460-8277 TO DEVELOP AN AGREED UPON PAYMENT PLAN. THANK YOU FOR CHOOSING RUTLAND REGIONAL MEDICAL CENTER.

PAY YOUR BILL ONLINE, PLEASE VISIT: WWW.RRMC.ORG/PATIENT-VISITORS/PAYING-YOUR-BILL/

VISIT # [REDACTED] PAY THIS AMOUNT 7795.79

PLEASE DETACH AND RETURN BOTTOM PORTION WITH YOUR PAYMENT



160 ALLEN STREET
RUTLAND, VT 05701

TEMP-RETURN SERVICE REQUESTED

FOR BILLING INQUIRIES:

PHONE: 866-460-8277

EMAIL: patientaccounts@rrmc.org

☐ Please check box if address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

STATEMENT NUMBER: [REDACTED]

PAGE: 2 of 2

In the interest of your privacy, to pay by credit/debit card you may pay online at WWW.RRMC.ORG or by calling 866-460-8277. Thank you.

DUE DATE

04/27/2018

PAY THIS AMOUNT

7795.79

VISIT #

SHOW AMOUNT
PAID HERE \$

626864 (PC2)

ADDRESSEE:

SARAH S WITTER

REMIT TO:

RUTLAND REGIONAL MEDICAL CENTER
PO BOX 1311
WILLISTON, VT 05495-1311



STATEMENT

DATE	DESCRIPTION	CHARGES	PAYMENTS/ ADJUSTMENTS	INSURANCE BALANCE	PATIENT BALANCE
	VISIT # [REDACTED] PATIENT: SARAH WITTER Provider: WILLIAM LIGHTHART, MD Date of Service: 02/13/2018 VISIT TOTAL	48409.42	-40613.63	0.00	7795.79

STATEMENT

DATE	DESCRIPTION	CHARGES	PAYMENTS/ ADJUSTMENTS	INSURANCE BALANCE	PATIENT BALANCE
03/30/18	VISIT # [REDACTED] PATIENT: SARAH WITTER				
	Provider: ERIC MARSH, MD				
	Date of Service: 03/30/2018				
	73610 DX X-RAY	201.00			
	73610 PRO FEE	48.00			
	Payments and Adjustments		-188.70		
	VISIT TOTAL	249.00	-188.70	0.00	60.30
PATIENT BALANCE					60.30
MESSAGES: WE SENT A CLAIM TO YOUR INSURANCE COMPANY AND SHOW THE BALANCE ABOVE AS YOUR RESPONSIBILITY. PLEASE CALL (866) 460-8277 TO DEVELOP AN AGREED UPON PAYMENT PLAN. THANK YOU FOR CHOOSING RUTLAND REGIONAL MEDICAL CENTER.					
PAY YOUR BILL ONLINE, PLEASE VISIT: WWW.RRMC.ORG/PATIENT-VISITORS/PAYING-YOUR-BILL/					
VISIT #	[REDACTED]	PAY THIS AMOUNT		60.30	

STATEMENT

DATE	DESCRIPTION	CHARGES	PAYMENTS/ ADJUSTMENTS	INSURANCE BALANCE	PATIENT BALANCE
06/06/18	VISIT # [REDACTED] PATIENT: SARAH WITTER				
	Provider: ERIC MARSH, MD				
	Date of Service: 06/06/2018				
	36415 LABORATORY	124.09			
	73610 DX X-RAY	201.00			
	99212 CLINIC	124.00			
	99214 PRO FEE	148.00			
	Payments and Adjustments		-481.89		
	VISIT TOTAL	597.09	-481.89	0.00	115.20
PATIENT BALANCE					115.20
MESSAGES: WE SENT A CLAIM TO YOUR INSURANCE COMPANY AND SHOW THE BALANCE ABOVE AS YOUR RESPONSIBILITY. PLEASE CALL (866) 460-8277 TO DEVELOP AN AGREED UPON PAYMENT PLAN.THANK YOU FOR CHOOSING RUTLAND REGIONAL MEDICAL CENTER.					
PAY YOUR BILL ONLINE, PLEASE VISIT: WWW.RRMC.ORG/PATIENT-VISITORS/PAYING-YOUR-BILL/					
VISIT #	[REDACTED]	PAY THIS AMOUNT		115.20	

STATEMENT

DATE	DESCRIPTION	CHARGES	PAYMENTS/ ADJUSTMENTS	INSURANCE BALANCE	PATIENT BALANCE
06/08/18	VISIT # [REDACTED] PATIENT: SARAH WITTER Provider: ERIC MARSH, MD Date of Service: 06/08/2018 PHARMACY 12.20 DRUGS/OTHER 4.86 STERILE SUPPLY 87.56 SUPPLY/IMPLANTS 12859.61 86900 LABORATORY 418.31 OR SERVICES 9464.00 ANESTHESIA 1216.00 DRUGS/DETAIL CODE 281.89 RECOVERY ROOM 1163.00 64445 TREATMENT RM 1624.00 99218 OBSERVATION RM 1209.00 27720 PRO FEE 3105.00				
06/09/18	DRUGS/OTHER 41.31 73610 DX X-RAY 234.00 PHYSICAL THERAPY 0.02 97161 PHYS THERP/EVAL 217.00 DRUGS/DETAIL CODE 9.40 96374 TREATMENT RM 345.00 Payments and Adjustments -25243.37				
	VISIT TOTAL	32292.16	-25243.37	0.00	7048.79
PATIENT BALANCE					7048.79
MESSAGES: WE SENT A CLAIM TO YOUR INSURANCE COMPANY AND SHOW THE BALANCE ABOVE AS YOUR RESPONSIBILITY. PLEASE CALL (866) 460-8277 TO DEVELOP AN AGREED UPON PAYMENT PLAN. THANK YOU FOR CHOOSING RUTLAND REGIONAL MEDICAL CENTER. PAY YOUR BILL ONLINE, PLEASE VISIT: WWW.RRMC.ORG/PATIENT-VISITORS/PAYING-YOUR-BILL/					
VISIT # [REDACTED]	PAY THIS AMOUNT 7048.79				